

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Carrington South Health Care Center, Inc

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor

X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney

X _____
Signature of Attorney for Debtor(s)

Andrew W. Suhar, Esq. (Ohio Reg. No. 0058419)

Printed Name of Attorney for Debtor(s)

SUHAR & MACEJKO, LLC

Firm Name

1101 Metropolitan Tower

P.O. Box 1497

Youngstown, OH 44501-1497

Address

(330)744-9007 Fax: (330)744-5857

Telephone Number

10-17-06

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Brian Femia

Printed Name of Authorized Individual

Party authorized to act on behalf of Debtor

Title of Authorized Individual

10/17/06

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by §1515 of title 11 are attached.

☐ Pursuant to §1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

**United States Bankruptcy Court
Northern District of Ohio**

In re Carrington South Health Care Center, Inc

Debtor(s)

Case No. _____

Chapter

11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Accu-Med Services, Inc. PO Box 641836 Cincinnati, OH 45264-1836	Accu-Med Services, Inc. PO Box 641836 Cincinnati, OH 45264-1836			19,035.98
Anthem Blue Cross and Blue Shield	Anthem Blue Cross and Blue Shield			40,000.00
BWC State Insurance Fund Corporate Processing Dept. Columbus, OH 43271-0977	BWC State Insurance Fund Corporate Processing Dept. Columbus, OH 43271-0977			635,987.14
Druzak Medical Inc. 131 Pleasant Dr Center Township Aliquippa, PA 15001-1300	Druzak Medical Inc. 131 Pleasant Dr Center Township Aliquippa, PA 15001-1300			31,746.25
Geoffrey Webster 2 Miranova Place Ste 310 Columbus, OH 43215	Geoffrey Webster 2 Miranova Place Ste 310 Columbus, OH 43215			21,462.80
Hill-Rom 1069 State Rd. 46 East Chicago, IL 60694	Hill-Rom 1069 State Rd. 46 East Chicago, IL 60694			9,472.40
Maxim Healthcare Services PO Box 631191 Baltimore, MD 21263-1191	Maxim Healthcare Services PO Box 631191 Baltimore, MD 21263-1191			56,000.00
Medline Industries PO Box 92301 Chicago, IL 60675-2301	Medline Industries PO Box 92301 Chicago, IL 60675-2301			31,585.53
Motorists Mutual Insurance 471 East Broad Street Columbus, OH 43215	Motorists Mutual Insurance 471 East Broad Street Columbus, OH 43215			11,770.20
NCS / Omnicare Co., Omnicare Inc. 1600 Rivercenter Covington, KY 41011	NCS / Omnicare Co., Omnicare Inc. 1600 Rivercenter Covington, KY 41011			153,204.74
NCS Omnicare Of NW Ohio 7643 Ponderosa Rd Perrysburg, OH 43552	NCS Omnicare Of NW Ohio 7643 Ponderosa Rd Perrysburg, OH 43552			172,193.79

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Ohio Department of Taxation c/o Ohio Attorney General Enforcement and Collections Office 30 E. Broad Street Columbus, OH 43215	Ohio Department of Taxation c/o Ohio Attorney General Enforcement and Collections Office Columbus, OH 43215			74,541.72
Pamela VanSickle 4146 Sugarbush Dr. Canfield, OH 44406	Pamela VanSickle 4146 Sugarbush Dr. Canfield, OH 44406			17,474.00
Primary Care Associates 602 Parmalee Ave Ste 400 Youngstown, OH 44510	Primary Care Associates 602 Parmalee Ave Ste 400 Youngstown, OH 44510			23,072.49
Rehabilitation Network 3666 Mahoning Avenue Youngstown, OH 44515	Rehabilitation Network 3666 Mahoning Avenue Youngstown, OH 44515			15,975.00
Smith, Shirley Shirley Smith, Attorney at Law 8560 South Avenue, Suite 2 Youngstown, OH 44515	Smith, Shirley Shirley Smith, Attorney at Law 8560 South Avenue, Suite 2 Youngstown, OH 44515		Contingent Unliquidated Disputed	155,264.52
Social Security Adminstration PO Box 3430 Philadelphia, PA 19122-0430	Social Security Adminstration PO Box 3430 Philadelphia, PA 19122-0430			12,361.00
The Nursing Home Group PO Box 79001 Drawer 5797 Detroit, MI 48279-5797	The Nursing Home Group PO Box 79001 Drawer 5797 Detroit, MI 48279-5797			43,443.51
Treasurer of State, State of Ohio ODJFS Ohio Dept. of Job & Family Services Columbus, OH 43271-4850	Treasurer of State, State of Ohio ODJFS Ohio Dept. of Job & Family Services Columbus, OH 43271-4850			851,192.62
United States Treasury Internal Revenue Service 801 West Superior Ave; Suite 400 Cleveland, OH 44113-1852	United States Treasury Internal Revenue Service 801 West Superior Ave; Suite 400 Cleveland, OH 44113-1852			3,627,228.27

In re Carrington South Health Care Center, Inc Case No. _____
Debtor(s)

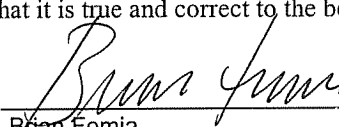
LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Party authorized to act on behalf of Debtor of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date 10/17/06

Signature


Brian Femia

Party authorized to act on behalf of Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Northern District of Ohio**

In re **Carrington South Health Care Center, Inc**,
Debtor

Case No. _____

Chapter **11**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities."

			AMOUNTS SCHEDULED		
NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	3,998,654.79		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims	Yes	2		4,553,062.61	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	19		1,520,980.44	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		29			
Total Assets			3,998,654.79		
Total Liabilities				6,074,043.05	

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE A. REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re Carrington South Health Care Center, Inc
Debtor

Case No. _____

SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

Type of Property	N O N E	Description and Location of Property	Husband, Wife, or Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash for maintenance Location: 850 Midlothian Blvd., Youngstown OH	-	200.00
		Cash for patient activities Location: 850 Midlothian Blvd., Youngstown OH	-	200.00
		Cash held in trust for patients Location: 850 Midlothian Blvd., Youngstown OH	-	75.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Business Checking Account #14105282 First National Bank 5632 Mahoning Avenue Youngstown, OH 44515	-	24,967.33
		Payroll Checking Account #981286818 National City Bank 3305 East State Street Hermitage, PA 16148	-	6,572.98
		Patient Trust Checking Account # 561199355 National City Bank 3939 Market Street Youngstown, OH	-	7,959.40
		Patient Trust Money Market Savings Account #657675248 National City Bank 3939 Market Street Youngstown, Ohio 44512	-	7,703.12
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			

Sub-Total > **47,677.83**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re Carrington South Health Care Center, Inc
Debtor

Case No. _____

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Patient private payment for services	-	104,258.96
		Insurance payment for patient services.	-	33,046.71
		Medicare payments for patient services.	-	167,704.11

Sub-Total > **305,009.78**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re Carrington South Health Care Center, Inc
Debtor

Case No. _____

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Medicaid payments for patient services; subject to set-off by the State of Ohio, and the State of Ohio believes it has the right to set-off or to recoup the amounts owed to the Debtor (which is less than the amount owed to the State).	-	393,967.18
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.		State of Ohio Department of Health License #4293 Nursing Home #1924 Location: 850 Midlothian Blvd., Youngstown OH	-	3,000,000.00
		State of Ohio Dept. of Health by Youngstown City Health District Food Service Operating License Location: 850 Midlothian Blvd., Youngstown OH	-	0.00
		Ohio EPA Generator of Infectious Waste Certificate of Registration Location: 850 Midlothian Blvd., Youngstown OH	-	0.00

Sub-Total > **3,393,967.18**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re Carrington South Health Care Center, Inc
Debtor

Case No. _____

SCHEDULE B. PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		City Of Youngstown-Department of Health License to Operate Nursing Home Location: 850 Midlothian Blvd., Youngstown OH	-	0.00
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1998 Ford Bus Location: 850 Midlothian Blvd., Youngstown OH	-	2,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Office Equipment, Maintenance and Housekeeping Equipment, Furniture, Beds, Restorative and Security Equipment, Location: 850 Midlothian Blvd., Youngstown OH	-	250,000.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >	252,000.00
(Total of this page)	
Total >	3,998,654.79

Sheet 3 of 3 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **Carrington South Health Care Center, Inc**

Case No. _____

Debtor

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R.Bankr.P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C					
Account No.							
General Electric Capital Corp. 2 Bethesda Metro Center, Suite 600 Bethesda, MD 20814	-			X	X	X	
		Disputed, contingent creditor based on pledge of assets.					
		Value \$ 0.00				0.00	0.00
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					
Subtotal (Total of this page)						0.00	
Total (Report on Summary of Schedules)						0.00	

0 continuation sheets attached

In re Carrington South Health Care Center, Inc
Debtor

Case No. _____

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community". If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. If applicable, also report this total on the Means Test form.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

1 continuation sheets attached

In re Carrington South Health Care Center, Inc
Debtor

Case No. _____

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
Account No.								
Ohio Department of Taxation c/o Ohio Attorney General Enforcement and Collections Office 30 E. Broad Street Columbus, OH 43215	-						74,541.72	0.00
Account No.								
Treasurer State of Ohio Dept. of Commerce 242 Federal Plaza West Youngstown, OH 44503	-						100.00	0.00
Account No. 4121868								
Treasurer of State, State of Ohio ODJFS Ohio Dept. of Job & Family Services Columbus, OH 43271-4850	-						851,192.62	0.00
Account No.								
United States Treasury Internal Revenue Service 801 West Superior Ave; Suite 400 Cleveland, OH 44113-1852	-						3,627,228.27	0.00
Account No.								
Subtotal (Total of this page)							4,553,062.61	0.00
Total (Report on Summary of Schedules)							4,553,062.61	0.00

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

In re **Carrington South Health Care Center, Inc**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. §112; Fed.R.Bankr.P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. CARSOU							
Accu-Med Services, Inc. PO Box 641836 Cincinnati, OH 45264-1836		-					19,035.98
Account No. 0800003438689							
Allied Waste P.O. Box 830125 Baltimore, MD 21283		-					868.52
Account No. 0800003438689							
American Messaging PO Box 5733 Carol Stream, IL 60197-5733		-					38.57
Account No.							
Anthem Blue Cross and Blue Shield		-					40,000.00
Subtotal (Total of this page)							59,943.07

18 continuation sheets attached

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 330-788-3038-335-1 AT&T P.O. Box 9001309 Louisville, KY 40290-1309		-					1,500.00
Account No. CVF1662 Aware Resources 104 South Main St Munroe Falls, OH 44262		-					1,500.00
Account No. Boniface Orthopaedics Inc 835 McKay Court Ste 1 Columbus, OH 43271-0977		-					735.21
Account No. 1013163 BWC State Insurance Fund Corporate Processing Dept. Columbus, OH 43271-0977		-					635,987.14
Account No. Cardiovascular Associates, Inc. 1001 Belmont Ave Youngstown, OH 44504		-					63.02

Sheet no. 1 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **639,785.37**

In re Carrington South Health Care Center, Inc
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Cavalier Mobile X-RAY P.O. Box 3371 Youngstown, OH 44513		-					1,037.78
Account No.							
Chrystal Clinic Inc PO Box 75575 Cleveland, OH 44101		-					184.00
Account No. 526576-6							
Clemente-McKay Ambulette 666 Youngstown Poland Rd Struthers, OH 44471		-					147.44
Account No. 2922878							
Cook, M.D., Albert J. P.O. Box 750 Akron, OH 44309-0750		-					10.59
Account No.							
Cosby-Mook Office Equip, Inc 558 Hight Street N.E. Warren, OH 44483		-					379.00

Sheet no. 2 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **1,758.81**

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 90760211 Daydots 1801 Riverbend West Dr. Fort Worth, TX 76118		-					47.10
Account No. 7266010 Diagnostic Medical X-Ray & Imaging 8390 Tod Ave Youngstown, OH 44514		-					144.52
Account No. 135398 Diller Medical 902 N. Main St. PO Box 68 Bluffton, OH 45817		-					162.94
Account No. 38702-02 Diocesan Publications PO Box 1958 Columbus, OH 43216-1958		-					910.00
Account No. 9-4211-0007-9754 DOMINION EAST OHIO P.O. Box 26785 Richmond, VA 23261-6785		-					1,780.73
Subtotal (Total of this page)							3,045.29

Sheet no. 3 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 0232992 Drummond American Corp 2721 Payshere Cr. Chicago, IL 60674		-					304.88
Account No. 1295 Druzak Medical Inc. 131 Pleasant Dr Center Township Aliquippa, PA 15001-1300		-					31,746.25
Account No. Eastern Medical Equipment 523 East Market Street Warren, OH 44481		-					59.85
Account No. Eastwood Orthotics Inc 912 E State St. Sharon, PA 16146		-					630.00
Account No. ECO Lab P.O. Box 905327 Charlotte, NC 28290-5327		-					2,427.22

Sheet no. 4 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **35,168.20**

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.								
Galaxy Medical Products 1245 S. Cleveland-Massillon Rd. Akron, OH 44321		-						4,961.88
Account No.								
Geoffrey Webster 2 Miranova Place Ste 310 Columbus, OH 43215		-						21,462.80
Account No.								
Gina Barnhart 175 Surrey Lane Canfield, OH 44406		-						59.60
Account No.								
Gold Cross dba Rural Metro PO Box 714200 Columbus, OH 43271-4200		-						4,532.95
Account No.								
Goldman, Dr. 20600 Chargin Blvd., STE 620 Sharker Hts, OH		-						3,000.00
Subtotal (Total of this page)								34,017.23

Sheet no. 5 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re Carrington South Health Care Center, Inc
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 01-0002800 Grace Services 715 N. Meridian Rd. Youngstown, OH 44509	-					568.72
Account No. 855085403 Grainger 360 Victoria Rd Youngstown, OH 44515-2026	-					334.36
Account No. Great Lakes Program Service Center 600 West Madison St. Chicago, IL 60661-2474	-					1,254.83
Account No. 15173020 HC Pro PO Box 1168 Marblehead, MA 01945	-					229.00
Account No. 294372 Hill-Rom 1069 State Rd. 46 East Chicago, IL 60694	-					9,472.40
Sheet no. 6 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						11,859.31
Subtotal (Total of this page)						11,859.31

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. CAR850								532.50
Hoffman Property Service 77 E. Second Street P.O. Box 1168 Mc Donald, OH 44437								
Account No.								2,629.90
HUMILITY OF MARY HEALTH PARTNERS c/o Millstone & Kannensohn 15 Federal Plaza Floor 2 Youngstown, OH 44503-1597								
Account No. 310198								293.55
Ikon Office Solutions 810 Gears Rd Houston, TX 77067								
Account No. 1090682								37.00
J.S. Paluch Co. Inc. PO Box 2703 Schiller Park, IL 60176								
Account No.								882.00
James N Pantelakis M.D. Inc. 200 East California Ste 3 Youngstown, OH 44512								
Subtotal (Total of this page)								4,374.95

Sheet no. 7 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Sheet no. 7 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Johnstone 700 Parkwood Ave. PO Box 730 Columbus, OH 43216-0673		-					284.35
Account No. Lawrence R. Loeb 23130 Lyman Blvd Shaker Heights, OH 44122		-					862.50
Account No. Louise Holsinger, Ohio Dept. JFS Facility Contracting Section Bureau of Long Term Care Facilities 30 East Broad Street Columbus, OH 43266-0118		-	ALSO NOTIFIED				0.00
Account No. Lynn Mikolich M.D. 1044 Belmont Ave Youngstown, OH 44501		-					6.54
Account No. Mahoning Valley ER PO Box 631597- Dept. 1597 Cincinnati, OH 45263		-					24.43
Subtotal (Total of this page)							1,177.82

Sheet no. 8 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re Carrington South Health Care Center, Inc

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
Maxim Healthcare Services PO Box 631191 Baltimore, MD 21263-1191	-						56,000.00
Account No.							
Med Pass Inc. 10800 Industry Lane Miamisburg, OH 45342	-						847.00
Account No. 1197540							
Medline Industries PO Box 92301 Chicago, IL 60675-2301	-						31,585.53
Account No.							
Medsearch Staffing Services, Inc. 7550 Lucerne Drive Cleveland, OH 44130	-			X	X	X	Unknown
Account No.							
Motorists Mutual Insurance 471 East Broad Street Columbus, OH 43215	-						11,770.20
Subtotal (Total of this page)							100,202.73

Sheet no. 9 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
NCS / Omnicare Co., Omnicare Inc. 1600 Rivercenter Covington, KY 41011		-					153,204.74
Account No.							
NCS Omnicare Of NW Ohio 7643 Ponderosa Rd Perrysburg, OH 43552		-					172,193.79
Account No.							
Nephrology Associates, Inc. 3622 Belmont Ave. Youngstown, OH 44505		-					95.03
Account No.							
Northern Frozen Foods, Inc. c/o Isaac Schultz 2000 East Ninth Street Cleveland, OH 44115		-		X	X	X	Unknown
Account No.							
Northside Med Ctr Forum 500 Gypsy Ln Youngstown, OH 44504		-					1,106.26

Sheet no. 10 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **326,599.82**

In re Carrington South Health Care Center, Inc
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 110015778464 OHIO EDISON PO Box 3637 Akron, OH 44309-3637			Utilities				6,097.00
Account No. 11465 Ohio Sports & Spine Institute 1265 Boardman Canfield Rd. Youngstown, OH 44512							75.33
Account No. Pamela VanSickle 4146 Sugarbush Dr. Canfield, OH 44406							17,474.00
Account No. 211698 Passy-Muir Inc. 4521 Campus Dr. Ste 273 Irvine, CA 92612							70.00
Account No. Patti C.Miller, Certification Unit Super Bureau of Information & Operational Spt. Ohio Dept of Health-Quality Assuranc 246 North High Street Columbus, OH 43215			ALSO NOTIFIED				0.00
Sheet no. <u>11</u> of <u>18</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							23,716.33

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. PBGC Insurance Operations Dept. PO Box 151750 Alexandria, VA 22315		-					791.80
Account No. Pharmed Corporation 24340 Sperry Road Westlake, OH 44145		-		X	X	X	Unknown
Account No. 200503969 Practice Management Infor Corp. 4727 Wiltshire Blvd Los Angeles, CA 90010		-					53.57
Account No. 1-15637.0 Primary Care Associates 602 Parmalee Ave Ste 400 Youngstown, OH 44510		-					23,072.49
Account No. R. S. Industries 1455 E Schaaf Rd Brooklyn, OH 44131		-					35.00

Sheet no. 12 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **23,952.86**

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.							
Rehabilitation Network 3666 Mahoning Avenue Youngstown, OH 44515		-					15,975.00
Account No.							
Rich Print 755 Boardman Canfield Rd. Youngstown, OH 44512		-					10.65
Account No.							
Rugged Runner Rentals PO Box 15 North Benton, OH 44449		-					1,090.82
Account No. 13225455-000							
Sammons Preston Rolyan 4 Sammons Ct. Bolingbrook, IL 60440-4995		-					889.49
Account No.			ALSO NOTIFIED				
Sara Williams, Ohio Dept. of Health Division of Quality Assurance P.O. Box 118 246 North High Street Columbus, OH 43266-0118		-					0.00
Subtotal (Total of this page)							17,965.96

Sheet no. 13 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 32307 Sea Bay Game Co. 77 Cliffwood Ave Cliffwood, NJ 07721		-					116.42
Account No. Security Specialists 796 E. Liberty Street Hubbard, OH 44425		-					150.00
Account No. Semi Service Express, Inc. 7032 Truck World Blvd Hubbard, OH 44425		-					428.00
Account No. Shred-It Cleveland 6777-I Engle Rd Cleveland, OH 44130		-					360.00
Account No. Sitler the Printer 707 East Park Ave Columbiana, OH 44405		-					237.00
Subtotal (Total of this page)							1,291.42

Sheet no. 14 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
Smith, Shirley Shirley Smith, Attorney at Law 8560 South Avenue, Suite 2 Youngstown, OH 44515		-		X	X	X	155,264.52
Account No.							
Social Security Adminstration PO Box 3430 Philadelphia, PA 19122-0430		-					12,361.00
Account No. 00106817							
St. Elizabeth Health Center PO Box 951359 Cleveland, OH 44193-0011		-					4,661.06
Account No. 1032901							
Stericycle PO Box 9001590 Louisville, KY 40290-1590		-					685.52
Account No.							
Suburban Medical Laboratory Inc 111 Stow Avenue Cuyahoga Falls, OH 44221		-		X	X	X	Unknown

Sheet no. 15 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **172,972.10**

In re Carrington South Health Care Center, Inc
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 773433 The Clinical Advantage KCI USA PO Box 203086 Houston, TX 77216-3086		-					939.94
Account No. The Metrohealth System PO Box 73694 Cleveland, OH 44193		-					93.43
Account No. Drawer 5797 The Nursing Home Group PO Box 79001 Drawer 5797 Detroit, MI 48279-5797		-					43,443.51
Account No. The Vindicator P.O. Box 780 Youngstown, OH 44501-0780		-					2,527.66
Account No. Thomas,Wathen & Ziegl 4097 Youngstown Rd. SE Warren, OH 44484		-					5,010.00

Sheet no. 16 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **52,014.54**

In re Carrington South Health Care Center, Inc
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.							
TIME WARNER CABLE P.O. Box 741878 Cincinnati, OH 45274-1878		-					52.74
Account No. JP0850							
Trade Masters 555 Catalina Youngstown, OH 44504		-					1,217.45
Account No.							
Tyco SimplexGrinnell Dept CH 10320 Palatine, IL 60055-0320		-					2,181.00
Account No. 001-121343							
Universal Hospital Services Inc. SDS 12-0949 PO Box 86 Minneapolis, MN 55486-0940		-					2,275.99
Account No.							
US Dept. of Veteran Affairs PO Box 11930 Saint Paul, MN 55111-0930		-					1,080.00
Subtotal (Total of this page)							6,807.18

Sheet no. 17 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 478432 US Engineered Products 3325 St. Clair Ave Cleveland, OH 44114		-					1,872.87
Account No. YGS 1010 Mahoning Avenue Youngstown, OH 44502		-					31.10
Account No. Youngstown Ortho. Associates LTD 6470 Tippecannoe Rd. Canfield, OH 44406		-					149.63
Account No. Youngstown Water Department 26 S. Phelps Street Youngstown, OH 44503		-					2,273.85
Account No. 							

Sheet no. 18 of 18 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **4,327.45**

Total
(Report on Summary of Schedules) **1,520,980.44**

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Carrington South Real Estate, Inc 3666 Mahoning Avenue Youngstown, OH 44515	Carrington South Real Estate, Inc lessor to Carrington South Health Care Center, Inc. lessee, of premises known as Carrington South Health Care Center, Inc. for a term beginning on July 1, 1990 and terminating on June 30, 2010 the sum of \$458,400.00 annually in monthly installments of \$38,200.00
Health Care and Social Service Union	Collective Bargaining Agreement between District 1199, the Health Care and Social Service Union, SEIU, AFL-CIO and Carrington South Rehabilitation Health Care Center, term May 7, 2006 to June 30, 2009, (basic unit agreement).
Health Care and Social Service Union	Collective Bargaining Agreement between District 1199, the Health Care and Social Service Union , SEIU, AFL-CIO, (STNA, Dietary, Housekeeping Unit) and Carrington South Rehabilitation Health Care Center, term November 1, 2003 to October 31, 2006 and successively thereafter year to year(unless 90 day written termination notice).
Rehabilitation Network, Inc. 3666 Mahoning Avenue Youngstown, OH 44515	Agreement to provide Physical, Speech and Occupational Therapy Services to patients at Carrington South Health Care Center, Inc. on a month to month basis

In re Carrington South Health Care Center, Inc,
Debtor

Case No. _____

SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

**United States Bankruptcy Court
Northern District of Ohio**

In re Carrington South Health Care Center, Inc
Debtor(s)


Case No. _____
Chapter 11

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Party authorized to act on behalf of Debtor of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets [*total shown on summary page plus 1*], and that they are true and correct to the best of my knowledge, information, and belief.

Date 10/12/06

Signature 
Brian Femia
Party authorized to act on behalf of Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Ohio

In re Carrington South Health Care Center, Inc
Debtor(s)

Case No. _____
Chapter 11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$6,375,209.00	2004 Gross Income from operation of nursing home facility
\$6,919,308.00	2005 Gross Income from operation of nursing home facility
\$3,974,082.00	2006 Gross Income from operation of nursing home facility-to date

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
See Attached	SEE ATTACHED	\$0.00	\$0.00

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
Pamela VanSickle	7/21/06 \$2000.00	\$6,100.00	\$17,474.00
4146 Sugarbush Drive	8/11/06 \$3500.00		
Canfield, OH 44406	9/11/06 \$ 600.00		

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
GENERAL ELECTRIC CAPITAL CORP. vs CARRINGTON SOUTH REAL ESTATE, INC. et al. Case No. 2006 CV 03441	Filing of Complaint in Foreclosure and Motion for Appointment of Receiver	Court of Common Pleas Mahoning County, Ohio	pending
Shirley Smith, Attorney at Law	Payment for collection services	Unknown	Unknown if filed
Mobile Medical Group vs Carrington South Health Care Center, Inc, 2005 CV 1752	Payment for perscription medications	Court of Common Pleas, Mahoning County, Ohio	Agreed Judgment Entry \$64,751.00

Income Statement Projection

Medicaid (10/11/06)		349,854.31	
Medicaid (10/18/06)		4,915.25	
Medicare (10/23/06)		56,764.62	
Medicare (10/30/06)		7,596.72	
Medicaid (11/08/06)		350,000.00	
Private Pay (11/05/06)		45,000.00	
TOTAL			814,131
Turner Dairy	600		
U.S. Food Service (3 weeks)	15,000		
Payroll (10/23/06)	156,000		
Payroll (11/08/06)	155,000		
Flavor Fresh	600		
Schwebels	400		
Domestic Uniform	90		
Anthem	70,000		
Speech Therapist	3,000		
Omnicare (3 weeks)	25,000		
Dominion Gas	2,000		
Ohio Edison	6,100		
Youngstown Water Dept.	2,274		
AT&T	700		
DeBald	1,500		
Humility of Mary (3 weeks)	1,200		
Psych Services	2,000		
Cavalier Mobile	1,038		
EcoLab	2,427		
Rehabilitation Network Inc.	15,975		
Petty Cash	500		
Activities Budget	500		
Maintenance Budget	1,000		
TOTAL			462,904

Carrington South Health Care Center					Balance Forward	6,922.19
					Income	436,689.75
					Adj.	-44,537.48
Jul-06					Debit	380,884.34
					Balance	18,190.12
Date	Description	Check #	Income	Adj.	Debit	Balance
7/3/06	Progressive Printing - Letterhead	4761			60.30	6,861.89
7/3/06	Ruozzo Brothers - Rebuild van transmission	4762			1,917.00	4,944.89
7/3/06	Transfer to TVC			-10,000.00		-5,055.11
7/3/06	Deposit		26,711.83			21,656.72
7/3/06	Patient Trust	4833		-1,240.00		20,416.72
7/3/06	Katherine Jones	5992			630.00	19,786.72
7/5/06	Postmaster	5993			59.16	19,727.56
7/5/06	Deposit		16,911.99			36,639.55
7/5/05	Patient Trust	4833		-760.00		35,879.55
7/6/06	Turner Dairy	5994			428.73	35,450.82
7/6/06	Omnicare Pharmacy	4763			8,000.00	27,450.82
7/6/06	Deposit		5,244.74			32,695.56
7/6/06	Patient Trust	4833		-80.48		32,615.08
7/6/06	U. S. Foodservice	4764			4,743.60	27,871.48
7/8/06	Paychex - 07/08/06 Payroll Checks DD				3,185.04	24,686.44
7/8/06	Paychex - 07/08/06 Payroll Checks				107,352.77	-82,666.33
7/8/06	Paychex - Agency Checks				50.00	-82,716.33
7/8/06	Paychex - GPS Account				3,840.14	-86,556.47
7/8/06	Paychex - Payment for Services				429.19	-86,985.66
7/6/06	Crosby Mook - Copier Repair	5995			864.91	-87,850.57
7/6/06	SEIU District 1199	5996			1,560.84	-89,411.41
7/6/06	SEIU District 1199 - PAC	5997			12.00	-89,423.41
7/6/06	SEIU District 1199 - COPE	5998			4.00	-89,427.41
7/6/06	Seven Seventeen Credit Union	5999			944.10	-90,371.51
7/6/06	Flavor Fresh	6000			289.75	-90,661.26
7/6/06	Domestic Uniform	6001			32.49	-90,693.75
7/7/06	Sulema Gutierrez - Settlement	6002			2,000.00	-92,693.75
7/7/06	Transfer from NCB - PA			57,000.00		-35,693.75
7/7/06	Transfer from TVC			40,000.00		4,306.25
7/10/06	Deposit - Medicare B - DME		1,299.67			5,605.92
7/10/06	Deposit - Medicare B - DME		56.45			5,662.37
7/7/06	Schwebels	6003			167.92	5,494.45
7/10/06	Deposit - Balance left from expense check		20.69			5,515.14
7/10/06	Express - Ballons for float	4765			174.80	5,340.34
7/10/06	Deposit		7,941.85			13,282.19
7/10/06	Robert Cramb - Lunch for St.E's	4766			30.00	13,252.19
7/10/06	Deposit - Medicare B - Tube Feeds		4,435.25			17,687.44
7/10/06	Ivy Wood Manor - Paul Green SS Check	4767			962.00	16,725.44
7/10/06	Medline Industries	4768			17,953.39	-1,227.95
7/14/06	Time in a Box	autowith			303.53	-1,531.48
7/11/06	Deposit -Medicare A		76,627.49			75,096.01
7/10/06	Katherine Jones	6004			1,155.00	73,941.01
7/10/06	Postmaster	6005			78.00	73,863.01
7/11/06	Maxim Health Care Services - Aug.Payment	4769			1,000.00	72,863.01

Carrington South Health Care Center			Balance Forward		6,922.19	
			Income		436,689.75	
			Adj.		-44,537.48	
			Debit		380,884.34	
			Balance		18,190.12	
Jul-06						
Date	Description	Check #	Income	Adj.	Debit	Balance
7/11/06	Office Max - Last payment	4770			1,129.29	71,733.72
7/11/06	Humilty of Mary Lab	4772			4,697.30	67,036.42
7/11/06	Ohio Attorney General - Bricker	4771			5,000.00	62,036.42
7/11/06	NCS Eastlake - Thomas Moore	4773			300.00	61,736.42
7/11/06	Horizon Village - Thomas Morre	4774			784.00	60,952.42
7/11/06	Allied Waste	4776			2,034.25	58,918.17
7/11/06	Medical Technology Resources	4777			675.36	58,242.81
7/11/06	Dominion	ck by ph			2,317.75	55,925.06
7/11/06	Matrix Charge				3.95	55,921.11
7/11/06	Transfer to TVC			-8,000.00		47,921.11
7/11/06	Dana Fellerger	6006			510.00	47,411.11
7/12/06	Deposit		4,589.00			52,000.11
7/12/06	Patient Trust	4833		-80.00		51,920.11
7/12/06	Transfer to TVC			-10,000.00		41,920.11
7/12/06	A T & T - #3038	ck by ph			668.74	41,251.37
7/13/06	Robert Cramb - 3 Bingo	4778			150.00	41,101.37
7/13/06	Alpern Law Firm-Booth 9/15/06 Workshop	4779			200.00	40,901.37
7/13/06	Deposit - Medicare B Wound Care		413.03			41,314.40
7/13/06	Connie Hull Trustee-Patient Deposit Error	4780			1,356.00	39,958.40
7/13/06	Mona Benhke - Activities Petty Cash	4781			500.00	39,458.40
7/13/06	Transfer to TVC			-22,000.00		17,458.40
7/14/06	Time Warner Cable	ck by ph			52.74	17,405.66
7/14/06	Youngstown Water - Fireline	4783			361.39	17,044.27
7/13/06	Turner Dairy	6007			433.14	16,611.13
7/14/06	Schwebels	6008			171.19	16,439.94
7/14/06	Domestic Uniform	6009			32.49	16,407.45
7/17/06	DeBald Office Supplies	4785			287.83	16,119.62
7/17/06	U. S. Foodsevice	4786			4,610.15	11,509.47
7/17/06	Deposit - Anthem		36.64			11,546.11
7/17/06	Deposit - TriCare		158.94			11,705.05
7/18/06	FNB - Cert.Check Omnicare Pharmacy	4787			8,000.00	3,705.05
7/18/06	Deposit - Medicare A		1,353.00			5,058.05
7/18/06	Deposit		4,211.50			9,269.55
7/18/06	Patient Trust	4833		-40.00		9,229.55
7/18/06	Cellular One - Bob Cramb Cell Phone	4788			159.74	9,069.81
7/17/06	Buena Jackson	6010			488.80	8,581.01
7/17/06	Refrigeration Sales - Van Repair	6011			354.86	8,226.15
7/17/06	Katherine Jones	6012			1,020.00	7,206.15
7/18/06	Transfer from NCB - PA		150,000.00			157,206.15
7/18/06	Transfer to TVC			-44,800.00		112,406.15
7/18/06	Inglis Muffler - van repair	6013			890.04	111,516.11
7/18/06	Postmaster	6014			16.32	111,499.79
7/19/06	Alzheimers Association - Sponsor Walk	6015			1,000.00	110,499.79
7/19/06	City of Youngstown - License to Operate	6016			100.00	110,399.79

Carrington South Health Care Center					Balance Forward	6,922.19
					Income	436,689.75
					Adj.	-44,537.48
Jul-06					Debit	380,884.34
					Balance	18,190.12
Date	Description	Check #	Income	Adj.	Debit	Balance
7/19/06	Cash - Mrs. V - repayment of loan	4789			2,800.00	107,599.79
7/20/06	Cert.Check-Northern Frozen Foods, Inc.	4790			21,732.23	85,867.56
7/19/06	Turner Dairy	6018			345.61	85,521.95
7/19/06	Advanced Auto Parts - Van Air Conditioning	6019			85.37	85,436.58
7/19/06	Medline - Water Soluble Bags - Void	6020			0.00	85,436.58
7/20/06	Deposit - Medicare B DME		1,750.83			87,187.41
7/23/06	Paychex - 07/23/06 Payroll Checks DD				3,184.99	84,002.42
7/23/06	Paychex - 07/23/06 Payroll Checks				114,337.69	-30,335.27
7/23/06	Paychex - GPS Account				3,807.04	-34,142.31
7/23/06	Paychex - Agency Checks	58141			50.00	-34,192.31
7/23/06	Paychex - Payment for Services				485.54	-34,677.85
7/20/06	Deposit		5,405.98			-29,271.87
7/20/06	U. S. Foodservice	4791			4,459.48	-33,731.35
7/21/06	Deposit		11,102.00			-22,629.35
7/21/06	SEIU District 1199	6021			1,611.57	-24,240.92
7/21/06	SEIU District 1199 - PAC	6022			11.00	-24,251.92
7/21/06	SEIU District 1199 -COPE	6023			4.00	-24,255.92
7/21/06	Seven Seventeen Credit Union	6024			944.10	-25,200.02
7/21/06	Crosby Mook - Toner	4792			268.38	-25,468.40
7/21/06	Microtel-Room rental for contract negotiations	4793			221.38	-25,689.78
7/21/06	Domestic Uniform	6025			32.49	-25,722.27
7/21/06	Schwebels	6026			115.55	-25,837.82
7/21/06	Flavor Fresh	6027			844.00	-26,681.82
7/21/06	Morris Drain Service	6028			300.00	-26,981.82
7/21/06	Transfer from NCB - PA		30,000.00			3,018.18
7/24/06	Transfer to TVC			-1,500.00		1,518.18
7/24/06	Fred Martin Computers	4794			527.11	991.07
7/24/06	Cavalier Mobile X-Ray	4795			1,557.97	-566.90
7/24/06	EcoLab	4796			1,288.07	-1,854.97
7/25/06	Deposit - Medicare A		55,769.87			53,914.90
7/24/06	Katherine Jones	6029			1,020.00	52,894.90
7/24/06	Brenda Bier - 40 Hrs. Vacation	6030			604.22	52,290.68
7/25/06	Postmaster	6031			78.00	52,212.68
7/25/06	Robert Cramb - Bingo	4797			70.00	52,142.68
7/25/06	Transfer to TVC			-2,500.00		49,642.68
7/25/06	A T & T - #1382	ck by ph			108.32	49,534.36
7/25/06	A T & Y - #1373	ck by ph			191.08	49,343.28
7/25/06	Transfer to TVC			-5,500.00		43,843.28
7/25/06	Carole Dowds	4798			850.00	42,993.28
7/25/06	U. S. Foodservice	4799			4,654.59	38,338.69
7/25/06	Omnicare Pharmacy	4800			8,000.00	30,338.69
7/27/06	Transfer to TVC			-25,000.00		5,338.69
7/28/06	Youngstown Water	4801			1,739.06	3,599.63
7/28/06	Deposit		764.00			4,363.63

Carrington South Health Care Center Jul-06				Balance Forward		6,922.19
				Income		436,689.75
				Adj.		-44,537.48
				Debit		380,884.34
				Balance		18,190.12
Date	Description	Check #	Income	Adj.	Debit	Balance
7/27/06	Turner Dairy	6032			410.14	3,953.49
7/28/06	Ohio Bureau of Criminal ID - Fingerprint Cards	6033			10.00	3,943.49
7/28/06	Domestic Uniform	6034			32.49	3,911.00
7/31/06	National Background Check	6035			100.00	3,811.00
7/31/06	Bureau of Criminal ID	6036			24.00	3,787.00
7/31/06	Deposit - Balance from closed NCB Acct.		20.01			3,807.01
7/31/06	Deposit		4,784.00			8,591.01
7/31/06	Deposit		441.21			9,032.22
7/31/06	St.John'sOrthodox Church - Ad for festival	4802			75.00	8,957.22
7/31/06	Robert Cramb - Supplies for Wall Mural	4803			132.50	8,824.72
7/31/06	Dominic Ruggiero - Settlement	4805			7,000.00	1,824.72
7/31/06	Transfer from NCB - PA		25,000.00			26,824.72
7/31/06	Transfer to TVC			-10,000.00		16,824.72
7/31/06	Schwebels	6037			163.40	16,661.32
7/14/06	Deposit		1,639.78			18,301.10
7/31/06	Credit Memo Deposit Adjustment			3.00		18,304.10
7/26/06	Harland Checks				31.85	18,272.25
7/31/06	Analysis Charge				42.13	18,230.12
7/31/06	Recon Adjustment			-40.00		18,190.12

Carrington South Health Care Center					Balance Forward	18,190.12
					Income	632,354.83
					Adj.	-149,215.62
Aug-06					Debit	470,063.00
					Balance	31,266.33
Date	Description	Check #	Income	Adj.	Debit	Balance
8/1/06	Deposit - Medicare A		2,126.28			20,316.40
8/1/06	Robert Cramb - Mileage	4806			210.00	20,106.40
8/1/06	Ohio Edison - #7784	ck by ph			11,598.28	8,508.12
8/1/06	Omnicare Pharmacy	4807			8,000.00	508.12
8/1/06	DeBald Office Supplies	4808			36.56	471.56
8/1/06	National City - PVK Card	4809			2,500.00	-2,028.44
8/1/06	Henderson, Covington, Messenger Law	4810			9,188.75	-11,217.19
8/1/06	Thomas, Wathen & Ziegler CPA's	4811			6,680.00	-17,897.19
8/1/06	Dominion East Ohio	4812			2,485.72	-20,382.91
8/2/06	Deposit		2,151.82			-18,231.09
8/1/06	Crosby Mook - Copier Repair	4813			231.98	-18,463.07
8/1/06	Transfer from NCB - PA		35,000.00			16,536.93
8/2/06	Deposit		5,274.48			21,811.41
8/2/06	Patient Trust	4914		-120.48		21,690.93
8/2/06	Transfer to TVC			-10,000.00		11,690.93
8/2/06	Transfer to TVC			-200.00		11,490.93
8/1/06	W. Born & Assoc. - Fingerprint Ink	6038			30.34	11,460.59
8/2/06	National Bankground Check - 2 emp.	6039			50.00	11,410.59
8/2/06	Brian Houser - Petty Cash	6040			663.59	10,747.00
8/2/06	Brian Houser - Petty Cash	6041			1,000.00	9,747.00
8/2/06	Myers Equipment - New A/C line for van	6042			678.07	9,068.93
8/3/06	Youngstown Water	4814			3,649.18	5,419.75
8/3/06	Deposit		40,767.44			46,187.19
8/3/06	Patient Trust	4914		-1,880.00		44,307.19
8/3/06	Turner Dairy	6043			437.20	43,869.99
8/4/06	Dana Fellenger	6044			360.00	43,509.99
8/4/06	Domestic Uniform	6045			32.49	43,477.50
8/4/06	Marlowes Coffee	6046			1,353.10	42,124.40
8/4/06	U. S. Foodservice	4815			3,943.20	38,181.20
8/4/06	DeSanto Law Firm	4816			1,297.50	36,883.70
8/4/06	Deposit		2,463.00			39,346.70
8/4/06	Patient Trust	4914		-120.00		39,226.70
8/4/06	Transfer to Conva Med			-500.00		38,726.70
8/4/06	DeBald Office Supplies	4817			179.61	38,547.09
8/11/06	Time In A Box	autowith			303.53	38,243.56
8/7/06	Deposit		3,312.00			41,555.56
8/7/06	Deposit		110.00			41,665.56
8/8/06	Paychex - 08/08/06 Payroll Checks DD				3,398.45	38,267.11
8/8/06	Paychex - 08/08/06 Payroll Checks				113,705.25	-75,438.14
8/8/06	Paychex - Agency Checks				50.00	-75,488.14
8/8/06	Paychex - GPS Account				3,695.86	-79,184.00
8/8/06	Transfer to Conva Med - Anthem			-9,400.00		-88,584.00
8/7/06	Transfer from NCB - PA		95,000.00			6,416.00
8/7/06	DeBald Office Supplies	4818			466.65	5,949.35

Carrington South Health Care Center					Balance Forward	18,190.12
					Income	632,354.83
					Adj.	-149,215.62
Aug-06					Debit	470,063.00
					Balance	31,266.33
Date	Description	Check #	Income	Adj.	Debit	Balance
8/8/06	Deposit - Medicare A		769.96			6,719.31
8/8/06	Barrier Exterminating	4819			394.13	6,325.18
8/4/06	Flavor Fresh	6047			847.00	5,478.18
8/4/06	Schwebels	6048			206.75	5,271.43
8/7/06	Community Home Medical - Supplies	6049			239.63	5,031.80
8/8/06	SEIU District 1199	6050			1,590.92	3,440.88
8/8/06	SIEU District 1199 - PAC	6051			11.00	3,429.88
8/8/06	SEIU District 1199 - COPE	6052			4.00	3,425.88
8/8/06	Seven Seventeen Credit Union	6053			1,168.15	2,257.73
8/8/06	Gina Barnhart - Petty Cash	6054			578.22	1,679.51
8/8/06	Deposit		3,019.45			4,698.96
8/8/06	Patient Trust	4914		-40.00		4,658.96
8/8/06	Transfer to TVC			-1,200.00		3,458.96
8/9/06	Medline Industries	4820			15,916.45	-12,457.49
8/9/06	Horizon Village - Thomas Moore	4821			784.00	-13,241.49
8/9/06	NCS of Eastlake - Thomas Moore	4822			300.00	-13,541.49
8/9/06	Ohio Attorney General - Bricker	4823			5,000.00	-18,541.49
8/9/06	Medical Technology Resources	4826			675.36	-19,216.85
8/9/06	Maxim Healthcare Services	4825			1,000.00	-20,216.85
8/9/06	Omnicare Pharmacy	4827			8,000.00	-28,216.85
8/9/06	Humility of Mary - St. E's Lab	4828			2,234.70	-30,451.55
8/9/06	EcoLab	4829			1,483.86	-31,935.41
8/9/06	Cavalier Mobile X-Ray Co.	4831			996.40	-32,931.81
8/9/06	Galaxy Medical Products	4830			1,197.97	-34,129.78
8/9/06	Tyco Simplex Grinnell	4832			288.50	-34,418.28
8/10/06	CSHCC Patient Trust	4833			0.00	-34,418.28
8/10/06	Robert Cramb - Bingo	4834			50.00	-34,468.28
8/10/06	Crump's Auto Service - towing	4835			425.00	-34,893.28
8/10/06	Turner Dairy	6055			409.81	-35,303.09
8/10/06	Briggs Corp. - Cindy Herschel supplies	4836			112.03	-35,415.12
8/10/06	Calvin Fire Protection Equipment	4837			385.72	-35,800.84
8/10/06	Carole Dowds	4838			700.00	-36,500.84
8/10/06	Dr. Goldman	4839			1,500.00	-38,000.84
8/10/06	Dr. Tofil	4840			2,000.00	-40,000.84
8/10/06	U. S. Foodservice	4841			4,893.69	-44,894.53
8/10/06	Carstens - medical office supplies	4842			323.44	-45,217.97
8/10/06	Buena Jackson	6056			488.80	-45,706.77
8/10/06	Direct Supply - pressure pads	6057			112.26	-45,819.03
8/11/06	Deposit		569.93			-45,249.10
8/11/06	Transfer from NCB - PA		65,000.00			19,750.90
8/11/06	Transfer to TVC			-19,000.00		750.90
8/11/06	Deposit		3,469.00			4,219.90
8/11/06	Arbitrator Wm.J.Miller,Jr.-Ruggiero Case	4843			1,000.00	3,219.90
8/11/06	Hoffman Property Services	4844			3,775.43	-555.53

Carrington South Health Care Center					Balance Forward	18,190.12
					Income	632,354.83
					Adj.	-149,215.62
Aug-06					Debit	470,063.00
					Balance	31,266.33
Date	Description	Check #	Income	Adj.	Debit	Balance
8/11/06	Time Warner Cable	ck by ph			105.48	-661.01
8/11/06	Cash-Mrs.VanSickle Repayment of Loan	4845			3,500.00	-4,161.01
8/11/06	Domestic Uniform	6058			32.49	-4,193.50
8/11/06	Schwebels	6059			207.12	-4,400.62
8/11/06	Dana Fellerger	6060			315.00	-4,715.62
8/11/06	Flavor Fresh	6061			334.75	-5,050.37
8/14/06	Boardman Medical Supply	4846			2,698.53	-7,748.90
8/14/06	Transfer from NCB - PA		50,000.00			42,251.10
8/14/06	Transfer to ConvaMed			-16,300.00		25,951.10
8/14/06	Transfer to TVC			-4,000.00		21,951.10
8/15/06	Deposit		4,172.98			26,124.08
8/15/06	Deposit - Medicare A		3,566.46			29,690.54
8/15/06	U. S. Foodservice	4847			4,392.27	25,298.27
8/15/06	Omnicare Pharmacy	4848			8,000.00	17,298.27
8/15/06	Postmaster - stamps	6062			78.00	17,220.27
8/16/06	Harland Checks	autowith			112.03	17,108.24
8/16/06	Deposit		866.00			17,974.24
8/16/06	Turner Dairy	6063			367.52	17,606.72
8/17/06	Transfer to ConvaMed			-125.00		17,481.72
8/18/06	Aware Resources - Settlement-1st Pay	4849			500.00	16,981.72
8/18/06	Ohio Edison - #7785	4850			382.13	16,599.59
8/21/06	Robert Cramb - Bingo	4851			200.00	16,399.59
8/21/06	Deposit		7,470.55			23,870.14
8/21/06	Patient Trust	4914		-40.00		23,830.14
8/21/06	Transfer to ConvaMed			-4,900.00		18,930.14
8/21/06	Charles Denson - Mileage	4852			31.60	18,898.54
8/21/06	Todd DeMain - Mileage	4853			59.60	18,838.94
8/17/06	Flavor Fresh	6064			252.75	18,586.19
8/18/06	Domestic Uniform	6065			32.49	18,553.70
8/18/06	Dana Fellerger	6066			345.00	18,208.70
8/18/06	Schwebels	6067			138.10	18,070.60
8/21/06	A T & - #3038	ck by ph			645.98	17,424.62
8/22/06	Deposit - Medicare A		62,192.86			79,617.48
8/22/06	Social Sec.Admin.-Refund Pt. Check	4854			1,009.00	78,608.48
8/22/06	U. S. Foodservice	4855			4,769.46	73,839.02
8/23/06	Paychex - 08/23/06 Payroll Checks DD				3,425.27	70,413.75
8/23/06	Paychex - 08/23/06 Payroll Checks				108,619.73	-38,205.98
8/23/06	Paychex - Agency Checks				50.00	-38,255.98
8/23/06	Paychex - GPS Account				4,856.10	-43,112.08
8/23/06	Paychex - Payment for Services				436.00	-43,548.08
8/22/06	Medical Technology Resources	4856			3,376.80	-46,924.88
8/22/06	National Bankground Check	6068			25.00	-46,949.88
8/23/06	SEIU District #1199	6069			1,561.36	-48,511.24
8/23/06	SEIU District #1199 - PAC	6070			11.00	-48,522.24

Carrington South Health Care Center					Balance Forward	18,190.12
					Income	632,354.83
					Adj.	-149,215.62
Aug-06					Debit	470,063.00
					Balance	31,266.33
Date	Description	Check #	Income	Adj.	Debit	Balance
8/23/06	SEIU District #1199 - COPE	6071			4.00	-48,526.24
8/23/06	Seven Seventeen Credit Union	6072			1,314.10	-49,840.34
8/22/06	Aware Resources - Settlement-2nd Pay	4857			500.00	-50,340.34
8/23/06	Transfer from NCB - PA		225,000.00			174,659.66
8/23/06	DeSanto Law Firm	4861			30,000.00	144,659.66
8/23/06	Deposit		3,334.00			147,993.66
8/23/06	Transfer to TVC			-5,000.00		142,993.66
8/23/06	Turner Dairy	6073			408.99	142,584.67
8/24/06	Anthony Mede-Refund/Left Facility.	4862			420.00	142,164.67
8/24/06	Deposit		5,115.00			147,279.67
8/24/06	Thomas,Wathen & Ziegler CPA's	4864			6,680.00	140,599.67
8/25/06	Dana Fellenger	6074			360.00	140,239.67
8/25/06	Domestic Uniform	6075			32.49	140,207.18
8/24/06	Transfer to ConvaMed			-150,000.00		-9,792.82
8/25/06	Transfer from ConvaMed			150,000.00		140,207.18
8/25/06	Transfer to ConvaMed			-6,350.14		133,857.04
8/25/06	Sulema Gutierrez - Final Settlement Pmt.	4865			2,000.00	131,857.04
8/25/06	Robert Cramb - 3 Bingo	4866			150.00	131,707.04
8/28/06	BWC	autowith			31,173.41	100,533.63
8/30/06	TVC	Int.		-60,000.00		40,533.63
8/30/06	U. S. Foodservice	4868			5,679.72	34,853.91
8/30/06	Deposit (chester starr's SS check)		1,596.48			36,450.39
8/28/06	Deposit		5,946.00			42,396.39
8/29/06	Deposit		1,294.00			43,690.39
8/29/06	Deposit - Medicare A		2,193.14			45,883.53
8/30/06	Deposit		574.00			46,457.53
8/31/06	Transfer to TVC			-10,000.00		36,457.53
8/25/06	Flavor Fresh	6076			425.50	36,032.03
8/25/06	Schwebels	6077			138.15	35,893.88
8/28/06	Security Source, Inc. - Signs	6078			141.95	35,751.93
8/28/06	Pamela Fitzpatrick - Training Course	6079			125.00	35,626.93
8/29/06	Community Home Medical - Supplies	6080			271.58	35,355.35
8/31/06	Postmaster - PO Box Rental	6081			116.00	35,239.35
8/31/06	Turner Dairy	6082			394.69	34,844.66
8/25/06	Patient Trust	4914		-40.00		34,804.66
8/31/06	Analysis Charge				28.89	34,775.77
8/8/06	Paychex - Payment for Services	58315			498.55	34,277.22
8/24/06	Onda, LaBuhn & Rankin	4863			3,010.89	31,266.33

Carrington South Health Care Center			Balance Forward		31,266.33	
			Income		557,762.68	
			Adj.		-60,023.20	
			Debit		515,396.53	
			Balance		13,609.28	
Sep-06						
Date	Description	Check #	Income	Adj.	Debit	Balance
9/1/06	Deposit		46,291.25			77,557.58
9/1/06	Domestic Uniform	6083			31.96	77,525.62
9/1/06	Flavor Fresh	6084			294.50	77,231.12
9/1/06	Schwebels	6085			181.83	77,049.29
9/1/06	Dana Fellenger	6086			825.00	76,224.29
9/5/06	Robert Cramb - Reimburse Golf Outing	4869			170.00	76,054.29
9/5/06	Transfer to Conva Med - Anthem			-21,709.76		54,344.53
9/6/06	Deposit - Medicare A		767.34			55,111.87
9/5/06	Mona Behnke - Petty Cash / Activities	6087			1,000.00	54,111.87
9/5/06	National Background Check	6088			25.00	54,086.87
9/6/06	National City Bank - Pam's Card	4876			526.00	53,560.87
9/6/06	MTR - Final Payment	4877			675.36	52,885.51
9/6/06	Allied Waste	4878			1,744.78	51,140.73
9/5/06	Galaxy Medical Products	4870			2,220.62	48,920.11
9/5/06	Jensen Lock and Key	4871			372.44	48,547.67
9/5/06	Fred Martin Computers	4872			447.25	48,100.42
9/5/06	Hoffman's Property Service - Mowing	4873			1,118.25	46,982.17
9/5/06	Cavalier Mobile X-Ray Co.-July Skilled	4875			301.10	46,681.07
9/6/06	Cavalier Mobile X-Ray Co.- Aug. Skilled	4879			744.84	45,936.23
9/5/06	Deposit		4,537.76			50,473.99
9/5/06	Patient Trust	4914		-340.00		50,133.99
9/6/06	Transfer to TVC			-2,000.00		48,133.99
9/7/06	Deposit		9,314.45			57,448.44
9/7/06	John B. White - Fee Mock Survey	4880			140.00	57,308.44
9/7/06	Medline Industries - Certified Check	4881			16,203.61	41,104.83
9/7/06	Youngstown Water	4882			2,863.12	38,241.71
9/7/06	Carole Dowds	4883			650.00	37,591.71
9/7/06	U. S. Foodservice	4884			5,445.01	32,146.70
9/7/06	U. S. Foodservice - 2 weeks advance	4885			11,000.00	21,146.70
9/8/06	Paychex - 09/08/06 Payroll Checks DD				3,589.80	17,556.90
9/8/06	Paychex - 09/08/06 Payroll Checks				113,967.73	-96,410.83
9/8/06	Paychex - Agency Checks				50.00	-96,460.83
9/8/06	Paychex - GPS Account				4,280.76	-100,741.59
9/8/06	Paychex - Payment for services				437.26	-101,178.85
9/7/06	Dominion East Ohio	4886			2,054.47	-103,233.32
9/7/06	Ohio Edison	4887			6,709.13	-109,942.45
9/7/06	A T & T - #3038	4889			670.35	-110,612.80
9/7/06	A T & T - #1373	4890			103.44	-110,716.24
9/7/06	Flavor Fresh - 2 weeks advance	4891			700.00	-111,416.24
9/7/06	Turner Dairy - 2 weeks advance	4892			850.00	-112,266.24
9/7/06	Domestic Uniform - 2 weeks advance	4893			64.98	-112,331.22
9/7/06	Schwebels - 2 weeks advance	4894			400.00	-112,731.22
9/7/06	Gretchen Crater - Petty Cash	4895			598.76	-113,329.98
9/8/06	DeSanto and DeSanto	4896			20,000.00	-133,329.98

Carrington South Health Care Center					Balance Forward	31,266.33
					Income	557,762.68
					Adj.	-60,023.20
Sep-06					Debit	515,396.53
					Balance	13,609.28
Date	Description	Check #	Income	Adj.	Debit	Balance
9/8/06	Rehabilitation Network / Billed charges	4897			112,015.00	-245,344.98
9/8/06	Deposit		1,211.00			-244,133.98
9/8/06	Patient Trust	4914		-70.00		-244,203.98
9/8/06	Transfer from NCB - PA		260,000.00			15,796.02
9/8/06	Transfer to TVC			-13,000.00		2,796.02
9/8/06	Cash - Mrs. V Repayment of Loan	4898			600.00	2,196.02
9/7/06	Turner Dairy	6089			404.34	1,791.68
9/7/06	Buena Jackson	6090			488.80	1,302.88
9/7/06	Flavor Fresh	6091			332.50	970.38
9/8/06	SEIU District 1199	6092			1,606.01	-635.63
9/8/06	SEIU District 1199 - PAC	6093			9.00	-644.63
9/8/06	SEIU District 1199 - COPE	6094			4.00	-648.63
9/8/06	Seven Seventeen Credit Union	6095			1,244.10	-1,892.73
9/8/06	Domestic Uniform	6096			32.49	-1,925.22
9/8/06	Schwebels	6097			157.70	-2,082.92
9/8/06	Bobby Massey - Gas PPS Training	6098			92.00	-2,174.92
9/8/06	Marlowes	6099			451.00	-2,625.92
9/12/06	Anthem - 08/31/06 - 09/06/06	autowith			9,724.73	-12,350.65
9/11/06	Motorists Mutual - Comm'l Bus. Pkg.	4899			2,948.81	-15,299.46
9/11/06	Henderson,Covington,Messenger LPA	4900			6,345.94	-21,645.40
9/11/06	Dana Fellenger	6100			330.00	-21,975.40
9/12/06	Deposit - Medicare A		19,680.00			-2,295.40
9/1/06	Patient Trust	4914		-1,990.00		-4,285.40
9/13/06	Deposit		1,805.82			-2,479.58
9/13/06	Transfer from NCB - PA		25,000.00			22,520.42
9/13/06	Transfer to TVC			-10,000.00		12,520.42
9/15/06	Paychex - Time in a Box	autowith			303.53	12,216.89
9/14/06	Youngstown Grinding	4901			94.00	12,122.89
9/14/06	Crosby Mook Office - Supplies	4902			845.60	11,277.29
9/14/06	Deposit		3,505.00			14,782.29
9/15/06	D & D Heating & Cooling	4904			1,267.00	13,515.29
9/15/06	Transfer to TVC			-6,000.00		7,515.29
9/19/06	Anthen - 09/07/06 - 09/13/06	autowith			22,364.17	-14,848.88
9/18/06	M. Conley Co. - Housekeeping Supplies	4906			829.73	-15,678.61
9/18/06	Transfer from NCB - PA		20,000.00			4,321.39
9/18/06	Security Specialists	4905			40.00	4,281.39
9/19/06	Deposit		1,692.06			5,973.45
9/20/06	NCS - Omnicare Pharmacy	4907			8,000.00	-2,026.55
9/19/06	Postmaster - Stamps	6102			39.00	-2,065.55
9/22/06	Paychex - 09/23/06 Payroll Checks DD				5,629.80	-7,695.35
9/22/06	Paychex - 09/23/06 Payroll Checks				109,221.08	-116,916.43
9/22/06	Paychex - Agency Checks				50.00	-116,966.43
9/22/06	Paychex - GPS Account				2,001.85	-118,968.28
9/22/06	Paychex - Payment for services				322.98	-119,291.26

Carrington South Health Care Center					Balance Forward	31,266.33
					Income	557,762.68
					Adj.	-60,023.20
Sep-06					Debit	515,396.53
					Balance	13,609.28
Date	Description	Check #	Income	Adj.	Debit	Balance
9/21/06	Brian N. Femia - Payroll	4908			2,202.78	-121,494.04
9/21/06	Transfer from NCB - PA		150,000.00			28,505.96
9/21/06	Hoffman's Property Service - Mowing	4909			532.50	27,973.46
9/21/06	Barrier Exterminating	4910			197.03	27,776.43
9/21/06	Pine Hollow Springs	4911			200.00	27,576.43
9/22/06	EcoLab	4912			664.69	26,911.74
9/22/06	American Red Cross	4913			109.00	26,802.74
9/22/06	CSHCC Patient Trust	4914			0.00	26,802.74
9/21/06	Turner Dairy	6103			188.42	26,614.32
9/21/06	SEIU District 1199	6104			1,587.13	25,027.19
9/21/06	SEIU District 1199 - PAC	6105			10.00	25,017.19
9/21/06	SEIU District 1199 - COPE	6106			4.00	25,013.19
9/21/06	Seven Seventeen Credit Union	6107			1,394.10	23,619.09
9/21/06	Sandra Cash - 1 day payroll	6108			56.71	23,562.38
9/25/06	Josephine Thomas - 5 personal days	6112			369.76	23,192.62
9/22/06	Ruth Redding - Incentive	6113			47.72	23,144.90
9/25/06	Postmaster - Stamps	6114			78.00	23,066.90
9/26/06	Anthem - 09/14/06 - 09/20/06	autowith			8,590.11	14,476.79
9/25/06	Deposit		10,521.00			24,997.79
9/1/06	Patient Trust			-80.48		24,917.31
9/25/06	Redeposit Check #588523 - Void			279.04		25,196.35
9/26/06	Deposit - Medicare A		3,437.00			28,633.35
9/26/06	U. S. Foodservice	4915			1,289.77	27,343.58
9/27/06	Robert Cramb - Mileage	4917			210.00	27,133.58
9/27/06	Robert Cramb - (3)Bingo	4918			150.00	26,983.58
9/28/06	Transfer to TVC			-5,000.00		21,983.58
9/29/06	Accu-Med	6119			6,652.68	15,330.90
9/29/06	Turner Dairy	6115			418.78	14,912.12
9/29/06	Dana Fellenger	6117			450.00	14,462.12
9/29/06	Flavor Fresh	6116			490.50	13,971.62
9/29/06	Domestic Uniform	6101			31.96	13,939.66
9/22/06	Schwebels	6110			180.35	13,759.31
9/5/06	Patient Trust			-112.00		13,647.31
9/30/06	Analysis Charge				38.03	13,609.28

Carrington South Health Care Center			Balance Forward			13,609.28
			Income			141,009.94
			Adj.			69,759.52
			Debit			241,684.15
			Balance			-17,305.41
Oct-06						
Date	Description	Check #	Income	Adj.	Debit	Balance
10/2/06	Deposit		9,480.67			23,089.95
10/2/06	Patient Trust			-80.00		23,009.95
10/3/06	Deposit - Medicare A		72,293.05			95,303.00
10/3/06	Westwood Group - Prof.Liab.Insurance	4916			83,389.00	11,914.00
10/3/06	Anthem - 09/21/06 - 09/27/06	autowith			12,770.41	-856.41
10/3/06	Deposit		43,236.12			42,379.71
10/3/06	Patient Trust			-2,660.48		39,719.23
10/4/06	Transfer to TVC			-2,000.00		37,719.23
10/5/06	U. S. Foodservice	4919			5,149.40	32,569.83
10/5/06	Deposit		1,127.00			33,696.83
10/6/06	Transfer from TVC			40,000.00		73,696.83
10/6/06	Transfer from NCB - PA			35,000.00		108,696.83
10/6/06	Paychex - 10/06/06 Payroll Checks DD				6,681.03	102,015.80
10/6/06	Paychex - 10/06/06 Payroll Checks				99,104.34	2,911.46
10/6/06	Paychex - Agency Checks				50.00	2,861.46
10/6/06	Paychex - GPS Account				2,229.60	631.86
10/6/06	Paychex - Payment for Services				307.67	324.19
10/5/06	Turner Dairy	6118			434.50	-110.31
10/5/06	Flavor Fresh	6120			211.50	-321.81
10/6/06	Marlowes	6121			451.00	-772.81
10/6/06	Schwebels	6122			146.91	-919.72
10/6/06	SEIU District 1199	6123			1,540.73	-2,460.45
10/6/06	SEIU District 1199 - PAC	6124			10.00	-2,470.45
10/6/06	SEIU District 1199 - COPE	6125			4.00	-2,474.45
10/6/06	Seven Seventeen Credit Union	6126			1,414.10	-3,888.55
10/6/06	Melva Turner - 1 day wages	6127			55.28	-3,943.83
10/6/06	Domestic Uniform	6128			31.96	-3,975.79
10/6/06	ABC Supply - Main Office Roof	6129			2,098.94	-6,074.73
10/6/06	Dwayne Eley - 5 days vacation	6130			267.32	-6,342.05
10/6/06	Tracy Mascarella - 1 personal day	6131			63.46	-6,405.51
10/11/06	Anthem - 09/28/06 - 10/04/06				5,651.50	-12,057.01
10/9/06	Michael Delfino-hospitalization reimburse	6133			47.56	-12,104.57
10/10/06	Deposit		9,138.15			-2,966.42
10/10/06	Otis Elevator	4921			1,232.37	-4,198.79
10/13/06	Time in a Box	autowith			303.53	-4,502.32
10/10/06	ABC Supply - Roof Repair	6134			185.69	-4,688.01
10/10/06	CSHCC Patient Trust - 500 Checks	6135			77.05	-4,765.06
10/12/06	Medline Industries	4920			16,198.10	-20,963.16
10/11/06	Deposit - Medicare A		5,734.95			-15,228.21
10/11/06	Transfer to TVC			-500.00		-15,728.21
10/10/06	William Cone, Ph D - 2 Books Soc.Serv.	6136			54.00	-15,782.21
10/10/06	Dana Fellenger	6137			870.00	-16,652.21
10/10/06	Turner Dairy	6138			424.73	-17,076.94
10/13/06	Time Warner Cable	ck by ph			52.74	-17,129.68

Carrington South Health Care Center				Balance Forward		13,609.28
				Income		141,009.94
				Adj.		69,759.52
				Debit		241,684.15
				Balance		-17,305.41
Oct-06						
Date	Description	Check #	Income	Adj.	Debit	Balance
10/13/06	Barrier Exterminating	4924			175.73	-17,305.41

CARRINGTON SOUTH HEALTH CARE CENTER

MANAGEMENT FEES PAID

Name	Date	Amount
The VanSickle Corporation - Management Company	7/3/06	10,000.00
The VanSickle Corporation - Management Company	7/11/06	8,000.00
The VanSickle Corporation - Management Company	7/12/06	10,000.00
The VanSickle Corporation - Management Company	7/13/06	22,000.00
The VanSickle Corporation - Management Company	7/18/06	44,800.00
The VanSickle Corporation - Management Company	7/24/06	1,500.00
The VanSickle Corporation - Management Company	7/25/06	2,500.00
The VanSickle Corporation - Management Company	7/25/06	5,500.00
The VanSickle Corporation - Management Company	7/31/06	25,000.00
The VanSickle Corporation - Management Company	7/31/06	10,000.00
The VanSickle Corporation - Management Company	8/2/06	10,000.00
The VanSickle Corporation - Management Company	8/2/06	200.00
The VanSickle Corporation - Management Company	8/8/06	1,200.00
The VanSickle Corporation - Management Company	8/11/06	19,000.00
The VanSickle Corporation - Management Company	8/14/06	4,000.00
The VanSickle Corporation - Management Company	8/23/06	5,000.00
The VanSickle Corporation - Management Company	9/13/06	10,000.00
The VanSickle Corporation - Management Company	9/15/06	6,000.00
The VanSickle Corporation - Management Company	9/28/06	5,000.00
The VanSickle Corporation - Management Company	10/4/06	2,000.00
The VanSickle Corporation - Management Company	10/11/06	500.00

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
SUHAR & Macejko, LLC 1101 Metropolitan Tower P.O. Box 1497 Youngstown, OH 44501-1497		\$13927.18

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
Patient Trust Account/National City Bank 3939 Market Street Youngstown, OH 44503	Patient Trust Checking Account #561199355, \$7959.40	National City Bank
Patient Trust Money Market Savings Acct. National City Bank 3939 Market Street Youngstown, OH 44512	Patient Trust Money Market Savings Account # 65767248, amount \$7703.12	National City Bank

15. Prior address of debtor

None ☒ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF
GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Carrington South Health Care Center, Inc.	34-1612181	850 Midlothian Blvd. Youngstown, OH 44515	Nursing Home facility providing skilled and unskilled care to residents.	1998 to present

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

- None ☒ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
Thomas, Walthen & Ziegler	4097 Youngstown Rd. SE Warren, OH 44484	2005, 2006

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME
Thomas, Wathen & Siegler

ADDRESS
4097 Youngstown Rd. SE
Warren, OH 44484

- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY
2006

INVENTORY SUPERVISOR
Brian Femia/Kathy Geddes

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)
See Attached (cost)

- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY
2006

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS
Brian Femia

21 . Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS
Robert H. VanSickle
4780 Kirk Road
Youngstown, OH 44515

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP
100% stock ownership
Chief Operating Officer

22 . Former partners, officers, directors and shareholders

- None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

- None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

HSKPG/LAUNDRY INVENTORY

SOLID NAVISOUR	.5-CS	\$90.86 ea.	\$45.43
SOLID STAINAWAY	.5-CS	\$57.67 ea.	\$28.83
PERMABRITE PLUS	0-BX	\$53.06 ea.	\$0.00
SOLID SURGE PLUS	3CS	\$130.08 ea.	\$390.24
FABULOUS	0	\$19.00 ea.	\$0.00
PAPER TOWELS	11-CS	\$21.67 ea.	\$238.37
TOILET PAPER	5-CS	\$24.82 ea.	\$124.1
KLEENEX	5-CS	\$12.19 ea.	\$60.95
SM. LINERS	8-CS	\$8.52 ea.	\$68.16
MED. LINERS	5-CS	\$15.17 ea.	\$75.85
LG. LINERS	9-CS	\$15.64 ea.	\$140.76
WINDOW CLEANERS	1-CS	\$42.30 ea.	\$42.30
FLOOR CLEANER	2CS	\$50.06 ea.	\$100.12
HEAVY DUTY CLNR	2-CS	\$64.72 ea.	\$129.44
DISINFECTANT	5-CS	\$67.75 ea.	\$338.75
BUFFING PADS (RED)	3-CS	\$24.71 ea.	\$74.13
BUFFING PADS (BLUE)	3-CS	\$24.71 ea.	\$74.13
BUFFING PADS (TAN)	4-CS	\$24.71 ea.	\$98.84
STRIPPING PADS	2-CS	\$24.71 ea.	\$49.42
HIGH PRO PADS	0-BX	\$22.53 ea.	\$0
GREEN SCR PADS	1-CS	\$17.13 ea.	\$17.13
SPRAY BOTTLES	7-EA	\$.87	\$6.09
TRIGGER SPRAYERS	17	\$.59	\$10.03
FLOOR STRIPPER	4-CS	\$44.72	\$178.88
FLOOR FINISH	6-(5GAL)	\$73.26	\$439.56
BRAVO FOAM STRPR	1-CS	\$70.54	\$70.54
DIGICLEAN FM SOAP	2-CS	\$65	\$130
NILDOR STICKUPS	2-CS	\$28.10	\$56.20
FURNITURE POLISH	.3-CS	\$42.61	\$10.65
SEBREEZE MINT	1-CS	\$21.46	\$21.46
STAINLESS STEEL CL	.7-CS	\$39.82	\$23.22
GS AIR FRESHNER	0-CS	\$41.34	\$0
SPITFIRE RTU	.7-CS	\$35.43	\$20.66

Revised October 2, 2006

CARRINGTON SOUTH INVENTORY DESCRIPTION

QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
		NURSING – INTERNAL SUPPLIES		
50	EACH	SPIKE SET	\$3.38	\$169.00
60	EACH	SYRINGE PISTON 60 CC	\$0.50	\$30.00
5	CS	NUTRI FIBER SOURCE HN 1.5	\$21.45	\$107.25
3	CS	NUTRI FIBER SOURCE HN 8 OZ.	\$11.40	\$34.20
2	CS	NUTRI I SOURCE 1.5	\$18.05	\$37.00
3	CS	NUTRI I SOURCE HN	\$18.50	\$55.50
3	CS	NUTRI DIABETI SOURCE	\$36.82	\$110.46
4	CS	NUTRI NOVA SOURCE RENAL 1.0	\$43.28	\$173.12
2	CS	NUTRI NOVA SOURCE RENAL 8.OZ	\$12.62	\$25.24
1	CS	NUTRI NOVA SOURCE PULMR 1.5	\$39.62	\$39.62
1	CS	NUTRI NOVA SOURCE 2.0 8 OZ.	\$11.88	\$11.88
1	CS	PUMP SET ENTRL NUTRI	\$18.50	\$ 18.50
1	CS	PUMP SET ENTRL PLAST	\$40.61	\$ 40.61
		TOTAL: NURSING		\$2320.67
		UROLOGICAL		
20	EACH	BAG DRAIN KENDALL	\$2.82	\$ 56.40
10	EACH	CATH 20 FR 30 CC LATEX	\$1.18	\$ 11.80
10	EACH	CATH 16 FR 30 CC LATEX FOLEY	\$1.25	\$ 12.50
9	EACH	CATH 24 FR 30 CC LATEX FOLEY	\$1.25	\$11.25
20	EACH	TRAY IRRIGATION W/ PISTON	\$1.19	\$ 23.80
30	EACH	TRAY URETHRAL	\$2.25	\$ 67.50
30	EACH	SOLUTION 0.09% NACL	\$1.33	\$ 39.90
		TOTAL OF NURSING SUPPLIES		\$223.15
		INCONTINENCE		
2	CS	BRIEFS EXTRA LARGE	\$52.48	\$104.96
3	CS	BRIEFS LARGE	\$33.00	\$ 99.00
2	CS	LINERS	\$24.00	\$ 48.00
3	CS	UNDER PAD 28X30	\$29.00	\$ 57.00
10	CS	PERI-WASH GALLON	\$9.99	\$ 99.92
10	BOXES	GLOVES LATEX LARGE N/S	\$4.46	\$44.60
10	BOXES	GLOVES LATEX MEDIUM N/S	\$4.46	\$44.60
11	BOXES	GLOVES POWDER FREE MED.	\$6.82	\$ 75.02
3	BOX	GLOVES LATEX MED. STERILE	\$20.36	\$ 61.08
		TOTAL INCONTINENCE		\$633.98

CARRINGTON SOUTH INVENTORY DESCRIPTION

QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE
4	BOX	BARRIER STERILE FIELD	\$14.92	\$59.68
6	BOX	SPONGE DRAIN	\$ 8.07	\$48.42
20	BOX	GAUZE 4 " STERILE STRETCH "KLING"	\$ 5.39	\$107.80
2	BOX	DRESSING AQUACEL 4X4	\$61.75	\$123.50
4	BOX	DRESSING TRANSORB 4X4	\$22.30	\$89.20
4	BOX	DRESSING OP-SITE 4X4	\$14.50	\$58.0
4	BOX	PAD NON-ADHESIVE 3X8	\$ 7.68	\$30.72
6	BOX	PAD TELFA "OUCHLESS"	\$11.33	\$45.32
10	EACH	TOP TAINERS	\$ 3.50	\$35.00
2	BOX	TEST STRIP, ONE TOUCH	\$36.58	\$73.16
4	BOX	TOOTHETTE TREATED, INDIVIDUAL	\$19.48	\$77.92
20	EACH	STAPLE REMOVER KIT	\$0.69	\$13.80
24	EACH	URINAL W/LID	\$0.57	\$13.68
12	BOX	PAD ABD 5X9	\$4.30	\$51.60
10	BOX	GAUZE 4" N/S STRETCH	\$2.70	\$32.40
20	BOX	GAUZE 4X4 8 PLY ST.	\$3.88	\$77.50
7	EACH	WATER DISTILLED (GALLON)	\$0.62	\$4.32
4	BOX	TAPE PAPER 2"	\$7.15	\$28.60
2	BOX	TAPE PAPER 1"	\$7.15	\$14.30
1	BOX	CATH. 22 GAL. ANGIO	\$97.90	\$97.90
6	BOX	SWABS LEMON GLYCERINE	\$2.00	\$12.00
10	EACH	ALCOHOL ISOPEO PHY 70%	\$0.62	\$ 6.20
4	BOX	APPLICATOR COTTON STERILE	\$ 2.99	\$11.96
1	BOX	DEPRESSOR TONGUE STERILE 6"	\$4.00	\$4.00
48	EACH	ENEMA PHOSPHATE	\$0.52	\$24.96
10	EACH	HYDROGEN PEROXIDE 16 OZ.	\$0.45	\$4.50
5	BOX	PAD ALCOHOL PREP.	\$1.31	\$ 6.55
4	BOX	LANCET MONOLET	\$9.71	\$38.84
1	BOX	COVER PROBE THERM FILAC	\$26.96	\$29.96
50	EACH	GRADUATE	\$0.28	\$14.00
30	EACH	MOUTH MOISTURIZER	\$0.26	\$ 7.80
20	EACH	OINTMENT A + D 4 OZ.	\$1.05	\$21.00
1	CS	SOLUTION 0.9%	\$19.39	\$19.39
1	CS	SOLUTION 0.45%	\$19.39	\$19.39
2	BOX	SYRINGE 1 CC 28 GA. 0.5	\$9.96	\$19.92
2	BOX	SYRINGE 3 CC 22 GA. 1.5	\$9.92	\$19.84
2	BOX	SYRINGE 1 CC 26 GA. 1.0	\$9.87	\$19.74
6	BOX	BANDAGE SHEER 1 X 3	\$5.84	\$35.04
2	EACH	CLEANSER WOUND DERM 16 O.Z.	\$13.64	\$27.28
1	CS	COBAN SELF- ADH.	\$64.26	\$64.26